| 09/776,040                   |  |
|------------------------------|--|
| Application or Docket Number |  |

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

7057 US

|   |   | CLAIMS AS                                 | FILED - F<br>  Column |              |                                 |   |           | SMALL ENTITY TYPE |                        |           | OTHER THAN SMALL ENTITY |                        |
|---|---|---|-----------------------|--------------|---------------------------------|---|-----------|-------------------|------------------------|-----------|-------------------------|------------------------|
| TOTAL CLAIMS  |   |   | 13                    |              |                                 |   | ſ         | RATE              | FEE                    |           | RATE                    | FEE                    |
| FOR   |   | NUMBER FILED                              |                       | NUMBER EXTRA |                                 | Ì   | BASIC FEE | 355.00            | OR                     | BASIC FEE | 710.00                  |                        |
| TOTAL CHARGEABLE CLAIMS   |   |   | /// minus 20=         |              |                                 |   | ı         | X\$ 9=            |                        | OR        | X\$18=                  |                        |
| INDEPENDENT CLAIMS  |   |   | 2 min                 | us 3 =       | · e-                            |   |           | X40=              |                        | OR        | X80=                    |                        |
| MU  | LTIPLE DEPEN  | DENT CLAIM PI                             | RESENT                |              |                                 |   |           | +135=             |                        | OR        | +270=                   | 270                    |
| • If  | the difference  | in column 1 is                            | less than zei         | ro, ente     | r "0" in column 2               |   | 1         | TOTAL             |                        | OR        | TOTAL                   | 980                    |
|   | CI  | LAIMS AS A                                | AMENDED - PART II     |              |                                 |   |           |                   |                        | 1         | OTHER                   |                        |
|   |   | (Column 1)                                | (Column 2) (Column 3) |              |                                 |   |           | SMALLE            | ENTITY                 | OR        | SMALL                   | ENTITY                 |
| ENT A   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA                              |           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total   | . 14                                      | Minus                 | ** 0         | 20                              | =   | -         | X\$ 9=            |                        | OR        | X\$18=                  |                        |
| AME   | Independent   | . 2                                       | Minus                 | ***          | 3                               |   |           | X40=              |                        | OR        | X80=                    |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                       |              |                                 |   |           | +135=             |                        | OR        | +270=                   |                        |
|   | ·   |   |                       |              |                                 |   |           |                   |                        | OR        | TOTAL<br>ADDIT, FEE     |                        |
|   |   |   | ADDIT. FEE            |              | -                               |   |           |                   |                        |           |                         |                        |
| ENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | NUM<br>PREV  | HEST<br>MBER<br>IOUSLY<br>DFOR  | PRESENT<br>EXTRA                              |           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total   | •   | Minus                 | ** ×         | 0                               | =   |           | X\$ 9=            |                        | OR        | X\$18=                  |                        |
| AME   | Independent   |   | Minus                 |              | 3                               | -   |           | X40=              |                        | OR        | X80=                    |                        |
| ļ   | FIRST PRESE   | NTATION OF M                              | OLTIPLE DEP           | ENUEN        | II CLAIM                        |   | J         | +135=             |                        | OR        | +270=                   |                        |
|   | •   |   |                       |              |                                 |   |           |                   |                        | OR        | TOTAL<br>ADDIT. FEE     |                        |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE   |   |   |                       |              |                                 |   |           |                   |                        |           |                         |                        |
| AMENDMENT C   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                       | NUI<br>PREV  | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT                                       |           | RATE              | ADDI-<br>TIONAL<br>FEE |           | RATE                    | ADDI-<br>TIONAL<br>FEE |
| Š   | Total   | •   | Minus                 | ••           |                                 | =   |           | X\$ 9=            |                        | OR        | X\$18=                  | ï                      |
| AME   | Independent   | *<br>ENTATION OF N                        | Minus                 |              | IT CLAIM                        | <u> -                                    </u> | 4         | X40=              | 7                      | OR        | X80=                    |                        |
| ┞   | FINOI PRESE   | NIATION OF I                              | OLTIFEE DET           | ENDE         | TI OCAN                         | <u> </u>                                      | J         | +135=             |                        | OR        | +270=                   |                        |
| " If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 20, enter "20."  ADDIT. FEE |   |   |                       |              |                                 |   |           |                   |                        |           |                         |                        |
| •   | ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |                       |              |                                 |   |           |                   |                        |           |                         |                        |